PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD PCL-02-002U OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY SMALL ENTITY (Cohumn 2) (Column 1) NUMBER FILED NUMBER EXTRA RATE RATE FEE FOR FEE BASIC FEE 355 OR 07 CFR 1.16(a)) TOTAL CLAIMS 14 18_ minus 20 = 0 OR 40_ INDEPENDENT CLAIMS 8 5 200 minus 3 = OR (37 CFR 1.16(6)) MULTIPLE DEPENDENT CLAIM PRESENT OR 555 TOTAL OR TOTAL # If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR SMALL ENTITY 3-1-04 (Column 3) (Column 2) (Column 1) **CLAIMS** HIGHEST ADDI-ADDI-PRESENT REMAINING NUMBER RATE TIONAL RATE TIONAL AMENDMENT PREVIOUSLY **EXTRA** AFTER FEE FEE AMENDMENT PAID FOR OR Total Minus ۵ (37 CFR 1.16(c)) OR Independent 43 43. Minus OR (37 CFR 1.16(b)) (37 CER 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR 43. TOTAL TOTAL OR ADDIT. FEE -22-04 ADDIT. FEE (Column 2) (Column 3) (Column i) HIGHEST ADDI-ADDI-CLAIMS NUMBER PRESENT RATE REMAINING TIONAL RATE TIONAL **AMENDMENT PREVIOUSLY EXTRA AFTER** FEE FEE MENDMENT PAID FOR OR Total Minus OR Independent Minus OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 3) (Column 2) (Cohumn 1) ADDI-ADDI-HIGHEST **CLAIMS** PRESENT REMAINING NUMBER RATE TIONAL RATE TIONAL AMENDMENT **PREVIOUSLY AFTER EXTRA** FEE FEE PAID FOR AMENDMENT OR Total (37 CFR 1.16(c)) Minus OR Independent Minus OR D7 CFR (.1601) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE ADDIT. FEE "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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